

Case Number:	CM15-0219180		
Date Assigned:	11/12/2015	Date of Injury:	11/17/2014
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male, who sustained an industrial injury on November 17, 2014. The injured worker was diagnosed as having shoulder impingement and shoulder pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, at least 12 sessions physical therapy, and magnetic resonance imaging the right shoulder. In a progress note dated September 29, 2015 the treating physician reports complaints of pain to the right shoulder that increases with movement. Examination performed on September 29, 2015 was revealing for magnetic resonance imaging of the right shoulder with the date unknown that was remarkable for a superior labrum anterior and posterior tear of the glenoid labrum with loss of cartilage to the inferior medial aspect of the humeral head. The medical records provided noted at least 12 prior sessions of physical therapy performed. The physical therapy progress report from August 26, 2015 noting a pain level of a 7 at the present and at its best along with decreased range of motion to the right shoulder, decreased muscle strength to the right shoulder region, and positive impingement testing on the right shoulder. The physical therapy progress note from August 26, 2015 indicated that the injured worker has pain and has difficulty with performing activities of daily living including reaching and lifting, but has a "good" prognosis". On September 29, 2015, the treating physician requested physical therapy 2 times a week for 4 weeks for the right shoulder. On October 07, 2015, the Utilization Review determined the request for physical therapy 2 times a week for 4 weeks for the right shoulder to be modified. The patient had MRI of the right shoulder on 7/24/15 that revealed labrum tear and osteoarthritis. The patient had right shoulder pain on 11/10/15. Physical examination of the right shoulder revealed limited range of motion. The medication list includes Norco, Naproxen and Flexeril. The patient sustained the injury due to lifting heavy objects.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy 2 times a week for 4 weeks for the right shoulder. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The cited guidelines recommend 9-10 PT visits. The patient has received 12 PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary for this patient.